



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • [www.sosweb.state.ar.us](http://www.sosweb.state.ar.us)

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## MEMORANDUM

To: Corporate Customers

From: Secretary of State - Business Services Division

Date: Permanent Reminder

Subject: Dissolution or Withdrawal

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Please be reminded that corporations must file Franchise Tax Reports and pay applicable taxes for each year that they are considered filed with the Arkansas Secretary of State.

Every corporation that dissolves shall be required to pay at the time of dissolution the franchise tax for the prior calendar year and pay at the time of dissolution the minimum franchise tax for the year in which dissolved or withdrawn. § 26-54-105 (d) (1)

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**Failure to file the Final Tax Report with payment will result in the corporation's inability to dissolve or withdraw.**

\* \* For further definition please feel free to contact a Business Services Representative at (501) 682-3409 or (888) 233-0325.

FOR OFFICE USE ONLY

File #

CORPORATION AND LIMITED LIABILITY COMPANY

FINAL FRANCHISE TAX REPORT

To be submitted prior to Dissolution or Withdrawal

Charlie Daniels

Secretary of State

Business and Commercial Services Division

State Capitol

Little Rock, Arkansas 72201-1094

(501) 682-3409 or (888) 233-0325

www.sos.arkansas.gov

1.	1a.
(Exact Corporate or Limited Liability Company Name as Registered in Arkansas)	(Name)
(Street and Number)	(Street and Number)
(City State and ZIP Code)	(City State and ZIP Code)
1b. Person you wish to have contacted regarding this tax: Name _____ Phone # _____	
Address: _____	

2. Required Information: Please complete with current names (Check One) Foreign \_\_\_\_\_ Domestic \_\_\_\_\_

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Controller \_\_\_\_\_

Chairman of the Board \_\_\_\_\_

3. State of Incorporation/Organization \_\_\_\_\_

4. Date of Incorporation/Organization \_\_\_\_\_

5. Date of Organization in Arkansas \_\_\_\_\_

a. Arkansas Registered Agent \_\_\_\_\_

b. Nature of Business \_\_\_\_\_

6. Federal ID Number \_\_\_\_\_

Minimum Tax Due

1. Corporation with Authorized Stock .....\$ 50.00
2. Corporation without Authorized Stock .....\$100.00
3. Limited Liability Company .....\$ 50.00

State of \_\_\_\_\_ County of \_\_\_\_\_

I declare , under the penalties of perjury, the foregoing statements are true to the best of my knowledge and belief.

FILED this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_.

Remittance Must Accompany This Report \_\_\_\_\_

Rev. 1/04 This form must be signed by: Pres., Vice-Pres., Sec., Treasurer or Controller